

CPCS Children & Family Law Program
-- APPELLATE ASSIGNMENT INTAKE FORM --

Case Name: _____ **Docket No(s):** _____

Case Type (c&p/210, § 3, etc.): _____ **Trial Court and Judge:** _____

Please list names of <i>all</i> parties (including the address of your client)	Relationship (Mother/Father/Children/Other)	Trial Attorney (Name/Address/Phone Number)
Department of Social Services	Same	

Note: Please specify if children are represented by separate counsel, or if there is more than one mother or father involved or represented in the case. Use the other side of this form if necessary.

Please indicate which party(ies) filed a notice of appeal: _____

Date of order/decreed appealed from: _____ **Date notice of appeal filed:** _____

Date on which motion for appointment of appellate counsel was allowed: _____

If an expert was used by any party at trial, please check this box and, on the back of this form, list the name, address (if known) and specialty of such expert.

Please identify issues on appeal to the extent possible: _____

Please attach to this form your Notice of Appeal and Motion for Appointment of Appellate Counsel.

PLEASE SUBMIT THIS FORM AND THE REQUESTED ATTACHMENTS BY FAX OR MAIL TO ANDREW COHEN, STAFF ATTORNEY, CPCS/CAFL, 44 BROMFIELD STREET, BOSTON, MA 02108, FAX NO. (617) 988-8455.